

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/25/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155139		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/13/2011	
NAME OF PROVIDER OR SUPPLIER NORTH WOODS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2233 W JEFFERSON ST KOKOMO, IN46901			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the investigation of a complaint IN00098044.</p> <p>Complaint #IN00098044 substantiated. Federal and State deficiencies related to these allegations are cited at F309.</p> <p>Survey dates: October 12 and 13 2011</p> <p>Facility number: 000064 Provider number: 155139 AIM number: 100288770</p> <p>Survey team: Toni Maley BSW TC Tammy Alley RN Linn Mackey RN Donna Smith RN October 12 2011</p> <p>Census bed type: SNF 14 SNF/NF 133 Total: 147</p> <p>Census payor type: Medicare 22 Medicaid 109 Other 16 Total: 147</p> <p>Sample: 6</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0309 SS=E	<p>This deficiency reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed 10/19/11 Cathy Emswiller RN Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure diabetic orders and facility policies were followed for hypoglycemic episodes for 3 of 3 residents reviewed for hypoglycemia in a sample of 6. (Resident F, D, H)</p> <p>Findings include:</p> <p>1. The record for Resident F was reviewed on 10/12/11 at 3:40 p.m.</p> <p>Current diagnosis included, but was not limited to, Diabetes Mellitus.</p> <p>Current physician orders for October 2011 indicated an order for Accuchecks before meals and at bedtime. Original date of order was 4/20/11. The orders indicated an order for Glucagen Hypokit Injection (medication used to increase blood sugar) Inject 1 milligram subcutaneously as needed for hypoglycemia less than 70 for diagnoses of Diabetes Mellitus. Original</p>			F0309	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Paper Compliance Review on or after October 26, 2011. 09 Necessary Care and TreatmentIt is the practice of this provider to ensure each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well being in accordance with the comprehensive assessment and plan of care.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. The Resident D, F and H, orders have been reviewed and updated to the</p>		10/26/2011

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	<p>date of order 4/28/11.</p> <p>A plan of care dated 5/9/11 indicated a problem of Diabetes with approaches that included, but were not limited to, administer medications as ordered and observe for signs of hypoglycemia: sweating, tremor, tachycardia, pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait.</p> <p>The "Capillary Blood Glucose Monitoring Tool" for August 2011 indicated the resident had a blood sugar on 8/5/11 at 9 p.m., of 68.</p> <p>A nursing note dated 8/5/11 at 8 p.m., indicated the resident was on his way to bed and looked tired and his accucheck was 68 so a snack was given and at 9:30 p.m., accucheck was 150 so second snack was given of a peanut butter sandwich and milk. The note indicated he had only ate a cookie and 1/2 glass of juice and 3 sips of milk with the earlier snack.</p> <p>A nursing note on 8/6/11 at 7 a.m., indicated the resident's accucheck registered HI for 3 times, the physician was notified and received a one time order for Humalog 20 units. The manufacturer's guidelines provided for the accucheck machine on 10/13/11 at 10:05 a.m., by the Inservice Director indicated a reading of</p>				<p>facility protocol for hyper/hypoglycemic procedures.</p> <ul style="list-style-type: none"> · Current residents receiving accuchecks, insulin coverage and glucogen injections have been reviewed and orders updated per facility Protocol · The facility developed a Hyper/Hypo Glycemic Protocol with Medical Director's approval. · Current residents orders have been updated on the facility protocol and care plans have been updated. · Licensed nurses were educated on the Protocol on 10-18-2011 and ongoing, as needed, by the Director of Nursing Services, and/or designee. · Noncompliance with facility policy and procedure may result in employee re-education, and/or disciplinary action up to and including termination. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> · Residents with Diabetes, that have accuchecks, insulin and hyper/hypoglycemic reactions have the potential to be affected by the alleged deficient practice. Those residents and any new admissions will be assessed and orders obtained from Physician for facility protocol for Hyper/Hypoglycemic residents · Licensed nurses were educated on the facility protocol for Hyper/hypoglycemia on 10-18-2011 and ongoing,as 		

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	<p>HI indicated the blood sugar was more than 600.</p> <p>The "Capillary Blood Glucose Monitoring Tool" for August 2011 indicated the resident had a blood sugar on 8/29/11 at 5 p.m., of 58 and at 9 p.m., of 61.</p> <p>A nursing note dated 8/29/11 at 10:05 p.m., indicated the resident's accucheck at 5 p.m., was 58, and no coverage was given. The note also indicated the accucheck at 9 p.m., was 61, with no coverage given and a snack of a peanut butter and jelly sandwich with crust removed, a banana, and 240 milliliters of skim milk was given. There was no follow up documentation of the residents blood sugar until the following morning.</p> <p>The "Capillary Blood Glucose Monitoring Tool" for September 2011 indicated the resident had a blood sugar on 9/4/11 at 5 p.m., of 61.</p> <p>A nursing note dated 9/4/11 at 10:07 p.m., indicated the resident's blood sugar at 5 p.m. was 61, and at 9 p.m., 540. The note failed to indicate any follow up or assessment after the 61 blood sugar.</p> <p>During the initial tour on 10/12/11 at 9:30 a.m., LPN # 2 indicated Resident F was diabetic and was very unstable with his</p>				<p>needed, by the Director of Nursing Services, and/or designee. · Noncompliance with facility policy and procedure may result in employee disciplinary action up to and including termination. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur · The Director of Nursing Services, Assistant Director of Nursing Services and the Unit Managers will review orders for new protocol and new admissions for Hyper/Hypoglycemic potential residents. · The Protocol shall be placed in Residents file to alert nurses along with the proper orders. · Director of Nursing Services and /or designee educated the nurses on 10-18-2011 and will educate new nurses on proper protocol and documentation for resident's requiring Hyper/Hypoglycemic protocol. · The Director of Nursing Services is responsible to monitor for facility compliance in providing or arranging services that meet professional standards of quality by requiring the licensed nurses to call the Director of Nursing Services/Assistant Director of Nursing to review protocol and proper documentation when an accucheck is reading out of appropriate parameters. · Non compliance with facility protocol may result in employee</p>		

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	<p>diabetes.</p> <p>During an interview on 10/13/11 at 9:10 a.m., with LPN # 1, with the Director of Nursing and Assistant Director of Nursing present, LPN indicated she had worked on 8/29/11 and 9/4/11. She indicated on 8/29/11 she thinks the resident received the Glucagon but was unsure. She indicated it was not documented. She indicated she had completed a follow-up blood sugar, but had not documented it. She indicated on 9/4/11, she thought she gave cranberry juice and rechecked the blood sugar in 30 minutes, but had failed to document the follow-up. At that time, the Director of Nursing indicated to LPN # 1, that she must document all interventions and assessments of hypoglycemia.</p> <p>2. The record for Resident D was reviewed on 11:14 a.m. on 10/12/11.</p> <p>Current diagnoses included, but were not limited to, Diabetes Mellitus.</p> <p>Physician orders for October 2011 indicated an order for Glucagen Hypokit Injectable if blood sugar less than 60 and non-responsive, give glucagon 1 milligram, recheck blood sugar in 10 minutes and notify physician. Original date of the order was 8/9/10.</p>				<p>re-education and/or disciplinary action up to and including termination. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place · A "Blood Glucose testing and accucheck" CQI tool will be utilized weekly x 4, monthly thereafter, to monitor compliance Hyper/Hypoglycemic protocol and proper documentation with a 90% threshold and shall be completed by the Director of Nursing Service/Assistant Director of Nursing Service. · The governing CQI committee will review the data. If the threshold for compliance is not met, an action plan will be developed. · Compliance date: 10-26-2011</p>		

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	<p>A nursing note dated 10/5/11 at 3:43 a.m., indicated at 11 p.m. the resident complained of feeling very bad and sweaty. The resident was extremely diaphoretic, weak, and shaky. The resident's blood sugar was 60 and Glucagon was given. The resident was not non-responsive when the Glucagon was given.</p> <p>3.) Resident H's closed record was reviewed on 10/12/11 at 10:55 a.m.</p> <p>Resident H's diagnoses included, but were not limited to, diabetes mellitus and hypertension.</p> <p>Resident H had a 5/17/11 to 6/10/11 physician's for Glucagen Hypokit injection-inject subcutaneous needed for blood sugars less than 60.</p> <p>Resident H had the following nursing notes entries in which Glucagen medication was given in a manner not in accordance with physicians orders:</p>						

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	<p>a.) 6/7/11, 4:15 p.m., "...Res [resident] assessed noted to be lethargic, slow to respond. BG [blood glucose] [checked]@ 65 re[checked] results 67 Glucagen given per orders."</p> <p>b.) 6/8/11, 1:15 p.m., " Res had low blood sugar [no blood sugar level listed] Glucagen given per order." No assessment of the residents condition was documented.</p> <p>During a 10/13/11, 9:15 a.m., interview, the Director of Nursing indicated the facility did not have any documentation regarding Resident H's blood sugar results or an assessment of her condition prior to the 6/8/11 administration of Glucagen as noted above.</p> <p>During a 10/13/11, 10:00 a.m. interview, the Director of Nursing indicated facility policy and/or physician's orders had not been followed when administering or not administering Glucagen for Residents D, F and H as listed above.</p> <p>A review of a current, 3/10, facility policy titled, Blood Glucose Monitoring, which was provided by the Director of Nursing on 10/12/11 at 3:00 p.m., indicated the following:</p>						

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	<p>"If the resident has not received specific blood glucose call parameters the physician will be notified of any blood glucose less than 70 or if the resident is having signs or symptoms of high or low blood sugar."</p> <p>"A resident with blood glucose below 70 requires an assessment for symptoms of hypoglycemia. Document assessment in nursing progress notes. Immediate treatment of hypoglycemia will be completed as follows: Blood glucose below 70 and resident is able consume PO [orally] intake will receive 4 ounces of juice. Recheck blood glucose in 15 minutes and document. After 15 minutes proceed to the next step. *If no symptoms of hypoglycemia and glucose is greater than 70 no further action is required."</p> <p>3.1-37(a)</p>						